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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\* *DM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *DM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Examiner's Signature <i>DM</i> Initials <i>DM</i>	STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 14
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TITLE  
 Capacitor layout orientation

FILING FEE  RECEIVED 2340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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